

CHECK-IN LIST			Incident Name/Number:	CHECK-IN LOCATION				DATE:	
			<input type="checkbox"/> BASE <input type="checkbox"/> CAMP <input type="checkbox"/> STAGING AREA <input type="checkbox"/> HELIBASE						
	Single or Team (S/T)	Name (Print) (Check Box if NOT a SAR Volunteer)	Date/Time Check-in	Team Name Leader's Name	Home Base	Method of Travel	Availability & Other Qualifications	Date/Time Check-out	Hrs. (Nearest) 30 mins.
1		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
2		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
3		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
4		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
5		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
6		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
7		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
8		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
9		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
10		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
11		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
12		N.V. <input type="checkbox"/>					Will Stay ____ hrs. <input type="checkbox"/> EMT <input type="checkbox"/> FC		
ICS 211A			Resources Unit:			Page ____ of ____		Total Hours (Volunteers only)	